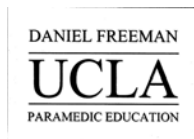


Los Angeles County Paramedic Preceptor Continuing Education



In order to obtain 8 hours of ALS Continuing Education credit for paramedic precepting, each eligible preceptor must:

- 1) Have at least 2 years of experience as a paramedic within the last five years; and
- 2) Have completed an approved preceptor training program which can be verified by the local EMS agency; and
- 3) Be assigned as one of the primary preceptors assigned by the interning agency and approved by the training program; and
- 4) Complete and meet **ALL** the tasks identified on this form;
- 5) Submit this form (maintain a copy for your files) with the intern's major evaluations.

Continuing education credit will be granted on the date it is approved by the training program. A course completion certificate will be sent to the Paramedic Coordinator of the preceptors department. *No retrospective CE will be granted. The amount of CE will be at the discretion of the training program.*

OBJECTIVES:

At the end of this training period, the Paramedic Preceptor will be able to:

- describe the training needs of their individual intern;
- provide appropriate feedback and evaluations using the approved training programs standards and consistently documents this feedback on the daily evaluations;
- assist the intern in becoming a competent licensed paramedic by directly supervising the intern's activities, assessments and therapies to gain an understanding on the application of didactic and clinical knowledge to the field;
- ensure that the intern is providing safe and competent care which is appropriate to standards and protocols set forth by the local EMS System in which they are interning.

Name:	State License #:	LA County #:
Provider Agency:	Dates of Training: _____ to _____	
Interns Name:	Approving Training Program:	
Preceptor Signature:		

Key Roles	Preceptor Tasks	
Teacher	Orient intern to fire station:	Date:
	Orient intern to rescue/squad:	Date:
	Explain your expectations of the intern during the field internship: How was this documented? <input type="checkbox"/> Written contract <input type="checkbox"/> On intern's paperwork <input type="checkbox"/> Other: _____	Date:
	Ensure the intern presents a drill each shift – Discuss drill schedule with intern: (Attach drill schedule)	Date:
	Describe your involvement in drills: 	
	Describe how structured simulations were utilized to address low frequency calls, reinforce skills, and provide the Intern with additional opportunities to improve skills/assessments. Briefly describe how you participated in simulations and gave suggestions for applying gained knowledge in the field setting: 	
	Describe other teaching tools/methods that were utilized to increase performance (if applicable). 	

Key Roles	Preceptor Tasks
Evaluator	Did you offer timely, constructive feedback to the intern after each call? <input type="checkbox"/> Yes <input type="checkbox"/> No –If No, explain why:
	Were daily/major evaluations discussed with the intern in a timely manner? <input type="checkbox"/> Yes <input type="checkbox"/> No - If No, explain why:
	Did you use the rating standards provided by the training program? <input type="checkbox"/> Yes <input type="checkbox"/> No - If No, explain why:
	Was the station captain involved in the evaluation process? <input type="checkbox"/> Yes <input type="checkbox"/> No - If No, explain why:
Supervisor	Describe the process for communicating significant issues to the intern:
	Was there a need to contact the training program regarding your intern's progress? <input type="checkbox"/> Yes <input type="checkbox"/> No If you did contact the training program, describe what actions were taken to assist you and did these actions help?
	Do you feel that significant issues were dealt with appropriately? <input type="checkbox"/> Yes <input type="checkbox"/> No- If No, explain why:
Role Model	The paramedic preceptor plays a vital role in molding an intern because they become the trainee's role model, teacher and evaluator. Do you have any suggestions that might improve the field training process?

Program Use Only

Reviewed by:	Printed Name:		Signature:
Was this form completely filled out?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comments:
Were drills done daily?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comments:
Were simulations used as a teaching tool and documented?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comments:
Daily evaluations: <ul style="list-style-type: none"> - were completed using standards provided - were neat and legible - were usually completed by the end of the shift - were reviewed with the intern at the end of each shift? 	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	Comments:
Major evaluation: <ul style="list-style-type: none"> - was completed using standards provided - was neat and legible - was completed by the following shift - was reviewed with the intern in a timely manner 	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	Comments:
Were appropriate procedures followed regarding potential problems i.e. needle sticks, injury, medication or treatment errors, lack of progress, conflict with intern, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comments:

_____ has been approved for _____ hours of continuing education by California Prehospital CE Provider # 19-0_____

Course approved by:	Date:
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